

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 857234**

1. Entity Name  
**OGLESBY CONSTRUCTION, INC.**



Principal Place of Business  
**1600 TOLEDO ROAD  
NORWALK, OH 44857**

Mailing Address  
**1600 TOLEDO ROAD  
NORWALK, OH 44857**



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1233573**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THEISEN, KEVIN P  
600 HICKMAN CIRCLE  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGLESBY, MASON P. 1041 SOUTH NORWALK RD. NORWALK, OH 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCQUERREY, SHIRLEEN M 8 JAMIE WAY NORWALK, OH 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THEISEN, KEVIN P 1688 COTTONWOOD CREEK PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUG, STEVEN 1 JENNIFER WAY NORWALK, OH 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REICHERT, GERALD 746 MALLARD POINTE NORWALK, OH 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000875312  
04/11/08-80028-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHIRLEEN M. MCQUERREY**

Date

**419-668-8204**

Daytime Phone #